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BEFORE THE ARIZONA STATE VETERINARY MEDICAL

EXAMINING BOARD

IN THE MATTER OF:

EDWIN KIESEL, DVM

Holder of License No. 1360

For the practice of Veterinary Medicine in the State of Arizona,

Respondent.

Case Nos.: 18-16 and 18-18

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

On February 21, 2018 and March 21, 2018, the Arizona State Veterinary Medical Examining Board conducted an Informal Interview regarding Edwin Kiesel, DVM ("Respondent"). The proceedings in this matter are governed by A.R.S. § 32-2234 (A). Respondent was advised of his right to legal counsel by letter, appeared, and participated in the Informal Interview with counsel, David Stoll. The Board reviewed all documents submitted regarding this matter, took testimony from Respondent, and proceeded as is permitted by A.R.S. § 32-2234 (A).

Following the Informal Interview and the Board's discussion of the information and documents submitted, the Board determined that Respondent's conduct constituted medical incompetence pursuant A.R.S. § 32-2232 (22) and ARS § 32-2232 (21) medical record keeping. After considering all of the information and testimony, the Board issues the following Findings of Fact, Conclusions of Law and Order, ("Order").

FINDINGS OF FACT

1. Respondent is the holder of License No. 1360 issued on June 13, 1981, and is therefore authorized to practice the profession of veterinary medicine in the State of Arizona.

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- 2. On May 31, 2017, "Gabby," a 7-year-old female domestic short hair cat was presented to Respondent due to ocular and nasal discharge. According to Complainant, Respondent advised her that the cat had a bad tooth that needed to be extracted, explaining that teeth and nasal cavity are connected and the cat would continue to get worse until the tooth was removed. Upon exam, the cat had a weight = 10.9 pounds, a temperature = 101.9 degrees, a heart rate = 180bpm and a respiration rate = 40rpm; BP = 218/156. Respondent noted that the cat had discharge coming from the right eye and right nasal passage. He further noted that the cat had a bad tooth in the back right side of the mouth; therefore, he recommended antibiotics and a dental procedure.
- 3. A Schirmer tear test was performed: Left eye -23; Right eye 28. Amoxicillin drops and Tobramycin ophthalmic solution were dispensed and the cat was discharged. Complainant made an appointment for the cat's teeth to be evaluated and possible extractions.
- 4. On June 8, 2017, the cat was presented to Respondent for tooth extraction. Blood was collected and revealed an elevated BUN (42) and Creatinine (2.2). Respondent thought it would be best to hold off on surgery due to the cat's kidney, values. He contacted Complainant's husband and explained that anesthesia was a greater risk due to the elevated kidney values and wanted to put the cat on a special diet and recheck in a week.

5. On July 15, 2017, the cat was presented to Respondent for a tooth extraction. The cat had a temperature = 101.2 degrees, a heart rate = 169bpm and a respiration rate = 45rpm (no weight noted) just prior to placing in box to anesthetize; out of box, the cat had a temperature = 102 degrees, a heart rate = 150bpm and a respiration rate = 30rpm. No other systems were noted as being examined.

- 6. According to Respondent, he held the cat and used a mask to anesthetize her (type of anesthesia unknown); the cat was not intubated. He cleaned the teeth but since the renal values were high and the infection appeared under control, he did not want to stress the cat further by extracting teeth. The medical record reads that the teeth were in good shape; only the upper left molars were bad with calculi and red gums. The calculi was broken off using a ronguer and an electronic scaler. The teeth were quickly polished as the cat was waking. No IV or SQ fluids were administered. Recovery was uneventful (T = 101.4, P 155, R 45). Authorization to perform surgery was not obtained.
- 7. According to Complainant, when she arrived to pick up the cat, she was told the cat was administered an antibiotic injection that would last 10 days. There are no notations in the medical record that the cat was administered an injection. Discharge instructions were not documented in the medical record.
- 8. On July 26, 2017, the cat was presented to Respondent for a recheck as the cat was progressively getting worse, not eating, and losing weight. According to Complainant, staff member Mary examined the cat and advised that Respondent would be in shortly. Approximately an hour later, Mary returned to explain that Respondent wanted the cat to stay overnight as he

thought a tooth fragment had been left behind and he would like to anesthetize her again to evaluate the area. Complainant approved and left the cat without speaking with Respondent.

- 9. The following day (7/27), blood work was performed. Respondent noted in the medical record that there was a light yellow mucoid discharge coming from the right nostril and teeth looked fine but only a radiograph could tell them for sure and anesthesia would be needed for that. Respondent further documented that the blood work showed the cat was now anemic with a PCV = 19% (HCT on lab strip = 38.22%); therefore, would bypass the anesthesia and radiographs for now and try convenia again with tobramycin nasally; if the problem became chronic, he would need radiographs under anesthesia.
- 10. However, Respondent stated in his narrative that he elected to anesthetize the cat again with isoflurane; the mouth looked fine and he would have pulled teeth at this time but now the blood work showed that the cat was anemic. Authorization to perform surgery was not obtained.
- 11. Respondent's medical records show surgical monitoring that the cat was anesthetized for 30 minutes. The medical record reads that Respondent was not able to take radiographs which would be what they may need and can be done later if this does not work. Respondent cleaned teeth but there was no real tartar build up or gum disease and no exposed roots may need deeper anesthesia to get radiographs and remove teeth. The cat was administered convenia 80mg/mL, 0.4mL route unknown, and dispensed Tobramycin apply one drop between nostrils three times a day.
- 12. According to Complainant, after leaving numerous messages, she was finally called and told the cat was doing well and could be picked up. When

she arrived at the premise, she was handed the cat with no information on why the cat was not getting better. Respondent walked out into the lobby to adjust the thermostats and turn the lights off; therefore, Complainant asked what he found. Respondent told her that the congestion was a residual to the tooth being pulled and would subside in about a week. Another antibiotic injection was given along with nose drops to take home. No discharge instructions were documented in the medical record.

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13. On August 18, 2016, "Angel," a 1.5-year-old female domestic medium hair feral cat was presented to Respondent for an exam, vaccines, ear tip, and spay procedure. According to Respondent, the cat was too feral to examine, therefore the cat was anesthetized. There is no documentation in the medical record what was used to anesthetize the cat, nor was any monitoring for the duration the cat anesthetized. Upon exam, the cat had a weight = 6.7 pounds, a temperature = 103 degrees, a heart rate = 154bpm and a respiration rate = 30rpm; BP = 154/80. Respondent noted that the cat had thick nasal discharge with blood. Due to the nasal discharge and elevated temperature, Respondent elected to wait until the cat was feeling better before spaying. The cat was administered a convenia injection (amount, strength and route unknown) and treated with tobramycin ophthalmic solution; the cat was kept at the premise in isolation.

14. The medical record reads that the cat was weighed and examined every day, including a temperature, heart rate, respiration rate and blood pressure, as well as being administered tobramycin to the nostrils, despite the cat being feral. Previously, Respondent stated the cat could not be examined

unless the cat was anesthetized. Interestingly, the daily documented temperature, pulse, respiration rate and blood pressure did not fluctuate much. The August 20, 2016 entry is stamped that Respondent edited the entry on July 13, 2017.

- 15. On September 1, 2016, the record reads that Complainant called and was advised that the cat was not spayed that day due to the continued elevated temperature and bloody nasal drainage. Complainant was told that the cat was given an antibiotic injection which would be good for 2 weeks (unclear if this the second antibiotic injection the cat received). Complainant elected to take the cat home to monitor and bring back to be spayed. According to Complainant, he was advised that the cat was spayed.
- 16. 4. It is not clear if the cat was vaccinated or if the ear was tipped at this time.
- 17. On October 26, 2016, according to Complainant, the cat gave birth to three kittens. The Complainant called Respondent and was advised that the cat must have been pregnant prior to being spayed.
 - 18. Complainant stated the cat had another litter of kittens in October 2017.
- 19. On August 31, 2017, the cat was presented to Santa Cruz Veterinary Hospital for an exam. Complainant explained that the cat was brought to Respondent's premise to be spayed, but the cat had kittens. The medical record lists the cat as a 1-year-old female domestic short hair cat.
- 20. Medical record reads that the cat could not be examined due to being feral; therefore, the cat was anesthetized. It was noted that the cat had a flank scar and the left ear was tipped; the abdomen was distended. Surgical notes read that the right ovary was scarred down and was bluntly dissected out. The

right kidney appeared normal. The right ovary was removed and the abdomen was closed.

CONCLUSIONS OF LAW

21. The Arizona State Veterinary Medical Examining Board has jurisdiction over this matter pursuant to A.R.S. § 32-2201, et seq.

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- 22. The conduct and circumstances described in the Findings of Fact above, constitutes a violation of **A.R.S. § 32-2232 (22)** Medical incompetence; lacked sufficient knowledge or skill to a degree likely to endanger the health of the cat as demonstrated by the inability to intubate the cat or place an IV catheter and proceeded with the dental cleaning.
- 23. The conduct and circumstances described in the Findings of Fact above, constitutes a violation of A.R.S. § 32-2232 (21) as it relates to A.A.C. R3-11-502 (E) no discharge instructions documented in the medical record on July 15, 2017 or July 27, 2017.
- 24. The conduct and circumstances described in the Findings of Fact above, constitutes a violation of A.R.S. § 32-2232 (21) as it relates to A.A.C. R3-11-502 (H) (1) no signed authorization was obtained before general anesthesia was administered or surgery was performed on July 15, 2017 or July 27, 2017.
- 25. The conduct and circumstances described in the Findings of Fact above, constitutes a violation of A.R.S. § 32-2232 (21) as it relates to A.A.C. R3-11-502 (L)
- (4) no results of an exam documented in the medical record on July 15, 2017.

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26. The conduct and circumstances described in the Findings of Fact above, constitutes a violation of A.R.S. § 32-2232 (21) as it relates to A.A.C. R3-11-502 (L)

(b) failure to document in the medical record the amount of the convenia administered to the cat on August 18, 2016.

27. The conduct and circumstances described in the Findings of Fact above, constitutes a violation of A.R.S. § 32-2232 (21) as it relates to A.A.C. R3-11-502 (L) (d) failure to document in the medical record the route of administration of the convenia administered to the cat on August 18, 2016.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law it is **ORDERED** that Respondent's License, No. 1360 be placed on **PROBATION** for a period of two (2) years, subject to the following terms and conditions that shall be completed within the Probationary period. These requirements include fourteen (14) total hours of continuing education (CE) and a civil penalty detailed below:

- 1. IT IS ORDERED THAT Respondent shall provide written proof satisfactory to the Board that he has completed six (6) hours of continuing education (CE); hours earned in compliance with this order shall not be used for licensure renewal. Respondent shall satisfy these six (6) hours by attending CE in the area of anesthesia. Respondent shall submit written verification of attendance to the Board for approval prior to the end of the Probation period.
- 2. IT IS ORDERED THAT Respondent shall provide written proof satisfactory to the Board that he has completed four (4) hours of continuing education (CE); hours earned in compliance with this order shall not be used for licensure renewal. Respondent shall satisfy these four (4) hours by attending CE in the

area of client communication. Respondent shall submit written verification of attendance to the Board for approval prior to the end of the Probation period.

- 3. IT IS ORDERED THAT Respondent shall provide written proof satisfactory to the Board that he has completed four (4) hours of continuing education (CE); hours earned in compliance with this order shall not be used for licensure renewal. Respondent shall satisfy these four (4) hours by attending CE in the area of veterinary ethics as applied to client communication. Respondent shall submit written verification of attendance to the Board for approval prior to the end of the Probation period.
- 4. IT IS FURTHER ORDERED THAT Respondent shall pay a civil penalty of one thousand seven hundred fifty dollars (\$1750) on or before the end of the Probation period. (This total amount represents two-hundred fifty dollars (\$250) per each of the five medical record violations and five hundred dollars (\$500) for the medical incompetence violation.) The civil penalty shall be made payable to the Arizona State Veterinary Medical Examining Board and is to be paid by cashier's check or money order.
- 5. All continuing education to be completed for this Order shall be preapproved by the Board. Respondent shall submit to the Board a written outline regarding how he plans to satisfy the requirements in paragraphs 1, 2, and 3 for its approval within sixty (60) days of the effective date of this Order. The outline shall include **CE course** details including, **name**, **provider**, **date(s)**, **hours of CE** to be earned, and **a brief course summary**.
- 6. Respondent shall obey all federal, state and local laws/rules governing the practice of veterinary medicine in this state.
 - 7. Respondent shall bear all costs of complying with this Order.

8. This Order is conclusive evidence of the matters described and may be considered by the Board in determining an appropriate sanction in the event a subsequent violation occurs. In the event Respondent violates any term of this Order, the Board may, after opportunity for Informal Interview or Formal Hearing, take any other appropriate disciplinary action authorized by law, including suspension or revocation of Respondent's license.

REHEARING/APPEAL RIGHTS

Respondent has the right to petition for a rehearing or review of this Order. Pursuant to A.R.S. § 32-2234 (H) and § 41-1092.09 the petition must be filed with the Board within thirty-five (35) days from the date of mailing if the Order was served via certified mail. Pursuant to A.A.C. R3-11-904 (C), the petition must set forth legally sufficient reasons for granting the rehearing or review. The filing of a petition for rehearing or review is required to preserve any rights of appeal to the Superior Court that the party may wish to pursue.

This Order shall be effective and in force upon the expiration of the above time period for filing a motion for rehearing or review with the Board. However, the timely filing of a motion for rehearing or review shall stay the enforcement of the Board's Order, unless, pursuant to A.A.C. R3-11-904 (F), the Board has expressly found good cause to believe that this Order shall be effectively immediately upon the issuance and has so stated in this Order.

Dated this <u>19^M</u> day of <u>March</u>, 2018.

Arizona State Veterinary Medical Examining Board Jim Loughead Chairman

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